

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CLA PRESCOTT STREET (390220)
Address: 13 PRESCOTT ST, ELKHORN, WI 53121
License Status: REGULAR
Licensed/Certified/Registered 05/01/1998
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096901 **End Date:** 04/11/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011854 Served 05/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0095520 **End Date:** 08/14/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007187 Served 09/19/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	04/11/2006	Yes
88.05(2)(a)	DIFFICULTY WALKING	04/11/2006	Yes

Survey ID: 0093373 **End Date:** 09/15/2004 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 08/18/2006

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Adult Family Home

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092181 **End Date:** 02/16/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 05/11/2006	SOD #10011854	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 09/15/2005	SOD #10007187	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 10/07/2005

Date Investigation Completed: 04/11/2006

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10011854

Date Complaint Received: 06/03/2005

Date Investigation Completed: 08/14/2005

Subject Area(s)
ABUSE
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

09/15/05

Date Complaint Received: 05/03/2004

Date Investigation Completed: 09/15/2004

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
NOT SUBSTANTIATED

SOD #

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